



CERTIFICATION TO THE NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-ADOPTIONS

SFN 945 (3-2006)

Name of Adult Adoptee:	Date of Birth:
Name of Birth Parent:	Date of Birth:
Name of Birth Parent:	Date of Birth:
Name of Birth Sibling:	Date of Birth:
<p>1. I certify that a personal and confidential contact was made with the birth parent/sibling/adopted adult and that he/she was given the following information:</p>	
<p>Comments:</p>	
<p>2. I certify that I was unable to notify the birth parent/sibling/adopted adult of his/her rights.</p> <p>I certify that the birth parent/sibling/adopted adult is deceased, and has filed an unrevoked affidavit stating that identifying information shall not be disclosed. The genetic parent/adult adoptee requesting information has been notified to this effect.</p> <p>I certify that the birth parent/sibling/adopted adult is deceased, and has not filed an unrevoked affidavit stating that identifying information shall not be disclosed. The adult adoptee has been provided with the identifying information in the agency file.</p>	
<p>Comments:</p>	
(Seal)	Signature of Agency Representative
State	Name of Child Placing Agency:
County	Date
<p>This affidavit was signed before me on this ____ day of _____</p>	
(Stamp)	_____ (Signature)
My Commission Expires _____	
DISTRIBUTION: Original - ND Department of Human Services Copy - Child Placing Agency	